Rhode Island Department of Labor and Training
Unemployment Insurance - Central Adjudication Unit
P.O. Box 20067, Cranston, RI 02920
Fax: 401-462-8318

Pension – PRIVATE OR GOVERNMENT

Please answer all questions below. Any questions left unanswered WILL NOT be considered when determining your eligibility for Unemployment Insurance.

Claimant Name: _____

Employer Name where receiving pension: _____

Last 4 Digits of your Social Security #: _____ Date completing questionnaire:_____

Claimant Statement

1. Pension type (Do not include Social Security.) If a lump sum, complete section below.
   O Yearly O Monthly O 401K O Profit Sharing O Other - Please specify _____

2. Date of retirement (mm/dd/yyyy): _____
3. Date applied for pension(mm/dd/yyyy): _____
4. Effective date of pension (mm/dd/yyyy): _____
5. How is the pension distributed to you? O Monthly O Quarterly O Yearly
6. Current gross amount of pension$ _____
7. Did you contribute to this pension? O YES O NO

Lump Sum Pension If you received a lump sum pension amount, please provide the following information:

1. Date of lump sum received (mm/dd/yyyy): _____
2. Gross amount of lump sum payment $ _____
3. Did you withdraw any amount of the lump sum? O YES O NO
   a. a. If yes, amount withdrawn: $_____
4. Did you rollover any amount of the lump sum? O YES O NO
   a. If yes, specify amount rolled over: $_____
   b. If yes, effective date of rollover (mm/dd/yyyy): _____
5. Did you contribute to this pension? O YES O NO

Additional Employment with this employer

1. Since retiring, have you returned to work for this employer? O YES O NO
   a. If yes, will this additional employment increase the amount of your initial pension? O YES O NO

Additional Pension (If yes, complete another pension questionnaire and return all questionnaires together)

1. Did you receive any other pension from this employer? O YES O NO

NOTIFICATION

I understand that I must notify the department should my pension amount change (i.e. COLA) ☐ AGREE

I hereby certify that, to the best of my knowledge and belief, the information I have provided is true. O YES O NO

Signature: _____

DLT is an equal opportunity employer/program - auxiliary aids and services available upon request. TTY via RI Relay: 711